

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23608 7590 06/22/2004

MEDTRONIC MINIMED INC.  
18000 DEVONSHIRE STREET  
NORTHRIDGE, CA 91325-1219

07/13/2004 HDEMESS2 00000076 500621 10062838

01 FC:1501 1330.00 DA  
02 FC:8001 30.00 DA  
03 FC:1504 300.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Paul H. Kovelman	(Depositor's name)
<i>[Signature]</i>	(Signature)
July 7, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/062,838	01/31/2002	Alfred E. Mann	PD-0294 DIV	6151

TITLE OF INVENTION: EXTERNAL INFUSION DEVICE WITH REMOTE PROGRAMMING, BOLUS ESTIMATOR AND/OR VIBRATION ALARM CAPABILITIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAM, ANN Y	1641	604-131000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Medtronic MiniMed, Inc.  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medtronic MiniMed, Inc., Northridge, CA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0621 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



PATENT  
PD-0294 DIV

CUSTOMER NUMBER 23608

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	Confirmation No.:	6151
Alfred E. Mann et al.	)	Date of NOA:	06/22/2004
Serial No.: 10/062,838	)	Group Art Unit:	1641
Filed: January 31, 2002	)		
For: EXTERNAL INFUSION DEVICE WITH	)		
REMOTE PROGRAMMING, BOLUS	)		
ESTIMATOR AND/OR VIBRATION	)		
ALARM CAPABILITIES	)		

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

July 7, 2004

Date of Deposit

Paul H. Kovelman, Reg. No. 35,228

Name

7/07/04

Signature

Date

TRANSMITTAL OF ISSUE FEE

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Allowance dated June 22, 2004, enclosed are the following:

- ☒ Form Part B - Issue Fee Transmittal
- ☐ Certified copy of Patent Application No. filed from which priority is claimed under 35 USC §119. Acknowledgement of the priority document is respectfully requested to ensure that the subject information appears on the printed patent.
- ☐ Copy of the Assignment and recordation cover letter sent today to the Assignment Division.
- ☐ A Rule 312(a) Amendment is being filed concurrently herewith.
- ☐ Supplemental Declaration and Power of Attorney to be made of record herein.
- ☐ Formal Drawings are being filed concurrently with the Official Draftsman.

X return postcard.

The Commissioner is hereby authorized to charge any deficiency payment or credit any overpayment to Deposit Account No. 50-0621. A copy of this transmittal is enclosed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Paul H. Kovelman", is written over a horizontal line.

Paul H. Kovelman, Reg. No. 35,228  
MEDTRONIC MINIMED, INC.  
18000 Devonshire Street  
Northridge, CA 91325-1219  
Telephone: (818) 576-5313  
Fax: (818) 576-6202

Date: July 7, 2004